

<b>Case Number:</b>	CM13-0034180		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old female who reported an injury on 12/14/2011. The mechanism of injury information was not provided in the medical record. The clinical documentation dated 12/12/2012 reported the patient complained of bilateral knee, bilateral foot, and lower back pain which radiated to the buttocks. The patient has undergone meniscal repair on 05/04/2012. The patient is diabetic. Medication regimen consisted of Humalog 50/50, Levoxyl 0.088 mg, Crestor 20 mg, and Exforge 10/320mg. The frequency of these medications was not provided in the medical record. Radiological evaluation indicated lumbosacral anterior body spurs, and mild amount of space effect over the distal, medial, and femoral condyle of right knee. There was a loss of strength to right knee. Right knee internal derangement with lateral patellar compression syndrome, and Left knee lateral patellar compression syndrome were also noted upon physical assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Bio-therm 120 mg 4ounce bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications and Non-Steroidal Anti-Inflammatory Drugs (NSA. Decision based on Non-MTUS Citation ODG TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**Decision rationale:** California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is no clinical documentation of the patient having any failed attempts at oral medication treatment for the reported injury. As California MTUS does not recommend topical analgesics, the request for Bio-therm 120 mg 4ounce bottle is non-certified.

**Theraflex 180 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The requested medication is based on flurbiprofen, and cyclobenzaprine. Cyclobenzaprine is a muscle relaxant, and California MTUS states that muscle relaxants are not recommended as there is no evidence for use of any other muscle relaxant as a topical product. There is no objective clinical documentation of the patient having any failed attempts at oral analgesics, and the use of topical muscle relaxants is not recommended by California MTUS. As such, the request for Theraflex 180 mg is non-certified.

**Dyotin SR 250mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 16-19.

**Decision rationale:** The requested medication is gabapentin. California MTUS states Gabapentin has been known to treat diabetic neuropathy, and post herpetic neuralgia. Gabapentin is considered a first-line treatment for neuropathic pain. There is no documentation provided in the medical record suggestive that the patient has any failed attempts at taking standard gabapentin, which would support the need for sustained release form of the medication. The medical necessity of the sustained release form of the medication has not been proven, due to the lack of clinical information provided in the medical record. As such, the request for Dyotin SR 250mg #120 is non-certified.